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Schedule H Homeowner and Rental Property Tax Credit		2000	★★★ GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF THE CHIEF FINANCIAL OFFICER OFFICE OF TAX AND REVENUE		OFFICIAL USE ONLY
First Name <input style="width: 150px;" type="text"/>		Last Name <input style="width: 150px;" type="text"/>		Your Social Security No. <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Home Address <input style="width: 180px;" type="text"/>		Apt. No. <input style="width: 40px;" type="text"/>		Spouse's Social Security No. <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	
City <input style="width: 80px;" type="text"/>	State <input style="width: 40px;" type="text"/>	Zip Code <input style="width: 80px;" type="text"/>			
If tax credit is claimed for property different from above, list that address here. <input style="width: 180px;" type="text"/>		Apt. No. <input style="width: 40px;" type="text"/>		Zip Code <input style="width: 80px;" type="text"/>	
Is the property for which the tax credit is being claimed: (Check one) Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Rooming House <input type="checkbox"/>					
ELIGIBILITY — PART I	1. Did you rent or own your home in the District for the entire calendar year 2000? If your answer is NO , you are not entitled to the credit. If your answer is YES , complete the schedule to determine if you qualify for the credit.				
	2. Is your credit claim based on real property tax or rent? (Check one) <div style="float: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Real Property Tax <input type="checkbox"/> Rent <input type="checkbox"/> </div>				
	(a) If your claim is based on your real property tax, provide the following information from your real property tax bill or assessment: Square No: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Suffix No.: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Lot No.: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>				
	(b) If your claim is based on your rent, provide the following information: Landlord's Name <input style="width: 150px;" type="text"/> Landlord's Telephone No: <input style="width: 100px;" type="text"/> Landlord's Address: <input style="width: 180px;" type="text"/>				
	3. Did you, or your landlord on your behalf, receive rent supplements during 2000? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Were you claimed as a dependent on someone else's 2000 Federal, State, or D.C. Income Tax Return? If your answer is Yes , you are not entitled to the credit unless you were 65 years of age on or before December 31, 2000. Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Did you live in a public or subsidized housing project during 2000? If the answer is Yes , you are not entitled to the credit. Yes <input type="checkbox"/> No <input type="checkbox"/>				
CLAIMANTS — PART II	COMPLETE HOUSEHOLD GROSS INCOME SCHEDULE AND SUMMARY ON REVERSE SIDE BEFORE COMPLETING PART II, SECTION A OR B SECTION A - Claimants under age 62 who are not blind or disabled				
	6. Enter total Household Gross Income from Line 18(d) of page 2. (if total exceeds \$20,000, you are not entitled to the credit)		6. <input style="width: 100px;" type="text"/>		
	7. Enter either: (a) Amount of Real Property Tax paid in 2000;		7.(a) <input style="width: 100px;" type="text"/>		
	or				
	(b) 15% of rent paid in 2000. (Rent paid \$ <input style="width: 60px;" type="text"/> x .15)		7.(b) <input style="width: 100px;" type="text"/>		
	8. Property Tax Credit from Table A <input type="checkbox"/> or as computed <input type="checkbox"/> (please check one)		8. <input style="width: 100px;" type="text"/>		
	9. Total rent supplements received in 2000, if any		9. <input style="width: 100px;" type="text"/>		
	10. Property Tax Credit allowable: Line 8 minus Line 9		10. <input style="width: 100px;" type="text"/>		
	SECTION B - Claimants age 62 or older, and/or who are blind or disabled				
	11. Do you or you and your spouse (if married), provide 50% or more of Total Household Gross Income? Yes <input type="checkbox"/> No <input type="checkbox"/> If your answer is No , and you are not blind or disabled, you are not entitled to the credit.				
	Check applicable box: Age 62 or older <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/>				
	12. Enter total Household Gross Income from Line 18(d) of page 2. (if total exceeds \$20,000, you are not entitled to the credit)		12. <input style="width: 100px;" type="text"/>		
13. Enter either: (a) Amount of Real Property Tax paid in 2000;		13.(a) <input style="width: 100px;" type="text"/>			
or					
(b) 15% of rent paid in 2000. (Rent paid \$ <input style="width: 60px;" type="text"/> x .15)		13.(b) <input style="width: 100px;" type="text"/>			
14. Property Tax Credit from Table B <input type="checkbox"/> or as computed <input type="checkbox"/> (please check one)		14. <input style="width: 100px;" type="text"/>			
15. Total rent supplements received in 2000, if any		15. <input style="width: 100px;" type="text"/>			
16. Property Tax Credit allowable: Line 14 minus Line 15		16. <input style="width: 100px;" type="text"/>			

If this schedule is attached to a D.C. Form D-40, check here ☐ and enter on Form D-40 (Line 20) the amount from Line 10 or Line 16

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code §22-2514 and §47-161, *et seq.*, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

Signature of Claimant _____ Claimant's Telephone Number _____ Signature of Preparer (if other than claimant) _____ PTIN _____ Date _____

If you are required to file a D.C. Individual Income Tax Return, Form D-40, attach Schedule H to the return; otherwise, mail the schedule to: Office of Tax and Revenue, Ben Franklin Station, P.O. Box 7861, Washington, D.C. 20044-7861, on or before **April 16, 2001**.

IF THIS SCHEDULE (BOTH SIDES) IS NOT COMPLETED CORRECTLY, THE CREDIT WILL NOT BE ALLOWED



17. HOUSEHOLD GROSS INCOME SCHEDULE				For Office Use Only:
Include the total income of all members living in the household which you own or rent				
SOURCES OF INCOME OR LOSS	(1) CLAIMANT	(2) SPOUSE	(3) ALL OTHERS	
(a) Wages, salaries, tips, bonuses, commissions, fees				
(b) Dividends and Interest				
(c) D.C. Lottery winnings				
(d) Business Income or Loss				
(e) Taxable portion of pensions and annuities				
(f) Capital Gain				
(g) Alimony received				
(h) Net Rental Income				
(i) Social Security and/or Railroad Retirement				
(j) Nontaxable portion of Pensions and Annuities or exclusions				
(k) Unemployment Insurance and/or Worker's Compensation				
(l) Support money and/or Public Assistance Grants				
(m) Interest on U.S. Obligations				
(n) Disability income exclusion, line 52, Form D-40				
(o) Non-taxable portion of military compensation				
(p) Fellowship awards and grants				
(q) Life insurance proceeds				
(r) Veteran's pensions and Disability payments				
(s) GI Bill benefits				
(t) Income subject to Unincorporated Business Franchise Tax				
(u) Cash distributions				
(v) Other (specify)				
TOTAL HOUSEHOLD GROSS INCOME				

18. HOUSEHOLD GROSS INCOME SUMMARY			
(a) Total income of claimant from Column (1)	(a)		
(b) Total income of spouse from Column (2)	(b)		
(c) Total income of all others from Column (3)	(c)		
(d) Total household gross income (add Lines 18 (a), (b) and (c)). Enter here and on Line 6, Section A or Line 12, Section B, whichever is applicable.	(d)		

19. LIST THE NAMES AND SOCIAL SECURITY NUMBERS OF ALL PERSONS INCLUDED IN COLUMN 3 ABOVE			
Name	Social Security Number	Name	Social Security Number
	— —		— —
	— —		— —

How to Determine Your Property Tax Credit
You may compute your Property Tax Credit, or you may use the Property Tax Credit tables on pages 22-28 of the D-40 Individual Income Tax Booklet. To compute your credit follow the instructions on pages 7 and 8 of the D-40 Booklet.

If you are blind or disabled, you must have the certificate below completed for each year that you claim the Property Tax Credit.

Physician’s Certification of Blind or Disabled Claimant

Name of Claimant	Social Security Number
— —	

I certify that the above named taxpayer (check all appropriate boxes — see instructions below):
(i) ☐ is blind
(ii) ☐ his/her physical or mental impairment is expected to last continuously for twelve (12) months or more.
(iii) ☐ was physically or mentally impaired on January 1, 2000

Name of Physician	
Physician's Address	
Physician's Signature	Date

Instructions for Physician's Certification
A. Definition of Blind - Blind means central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.
B. Definition of Disabled - Disabled means unable to engage in any gainful activity by reason of a medically determinable physical or mental impairment which can be expected to last continuously for twelve (12) months or more.